

ATTACHMENT 2

Allowable Procedure Codes for Outpatient Occupational Therapy Services

(Effective for Dates of Service on and After March 1, 2006)

Evaluations					
Procedure Code	Description	Limit Per Day	Service May Be Provided by a Certified Occupational Therapy Assistant	Copayment	Maximum Allowable Fee
97003	Occupational therapy evaluation [15 minutes]	Not applicable	No	\$1	\$18.13
97004	Occupational therapy re-evaluation [15 minutes]	2 per day	No	\$1	\$13.56

Therapeutic Procedures					
Procedure Code	Description	Limit Per Day	Service May Be Provided by a Certified Occupational Therapy Assistant	Copayment	Maximum Allowable Fee
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Not applicable	Yes	\$2	\$29.59
97112	neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Not applicable	Yes	\$2	\$29.10
97124	massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	Not applicable	Yes	\$1	\$23.18
97139	Unlisted therapeutic procedure (specify)	Not applicable	Yes	\$1	\$19.24
97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	Not applicable	When appropriate*	\$2	\$25.28
97150	Therapeutic procedure(s), group (2 or more individuals) [each 15 minutes]	Not applicable	Yes	\$.50	\$6.02
97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	Not applicable	Yes	\$1	\$17.51

Therapeutic Procedures (Continued)					
Procedure Code	Description	Limit Per Day	Service May Be Provided by a Certified Occupational Therapy Assistant	Copayment	Maximum Allowable Fee
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	Not applicable	Yes	\$2	\$31.06
97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes	Not applicable	Yes	\$1	\$17.19
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	Not applicable	Yes	\$1	\$18.68
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	Not applicable	Yes	\$1	\$20.72
97542	Wheelchair management/propulsion training, each 15 minutes	Not applicable	Yes	\$1	\$18.75
97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters	1 per day	No	\$2	\$41.93
97598	total wound(s) surface area greater than 20 square centimeters	1 per day	No	\$3	\$53.53

Modalities					
Procedure Code	Description	Limit Per Day	Service May Be Provided by a Certified Occupational Therapy Assistant	Copayment	Maximum Allowable Fees
90901	Biofeedback training by any modality [15 minutes]	Not applicable	Yes	\$2	\$46.12
97016	Application of modality to one or more areas; vasopneumatic devices	1 per day	Yes	\$1	\$24.94
97018	paraffin bath	1 per day	Yes	\$1	\$18.75
97022	whirlpool	1 per day	Yes	\$2	\$25.52
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	Not applicable	Yes	\$1	\$22.16
97033	iontophoresis, each 15 minutes	Not applicable	Yes	\$1	\$23.28
97034	contrast baths, each 15 minutes	Not applicable	Yes	\$1	\$15.77
97035	ultrasound, each 15 minutes	Not applicable	Yes	\$1	\$18.31

* When provided by certified occupational therapy assistants, Medicaid reimbursement is not available for myofascial release/soft tissue mobilization for one or more regions or joint mobilization for one or more areas (peripheral or spinal).

Notes: Procedure codes for many occupational therapy (OT) services are defined as 15 minutes. One unit of these codes = 15 minutes. If less than 15 minutes is used, bill in decimals. For example, 7.5 minutes = .5 units.

All other procedure codes for OT services do not have a time increment indicated in their description. For these procedure codes, a quantity of "1" indicates a complete service.